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(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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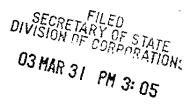
## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Digital Home Port (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Christopher Dean (Name of Person)
Digital Honre Port (Name of Firm/Company)
4028 Gulfview Dr. (Address)
Spring Hill Fl. 34667 (City/State and Zip Code)
For further information concerning this matter, please call:
Christopher Deam at (352) 363 9156 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Rocco Maylio , hereby resign as Vice Resident/Trassurer	
of Digital Home Port Inc. (Name of Corporation)	
, a corporation organized under the laws of the State of (Document Number, if known)	
Florida	
Gocco Mayliv (Signature of resigning officer/director)	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314